

SUMMARY OF CAMPAIGN CONTRIBUTIONS AND EXPENSES
2000 PRIMARY AND GENERAL ELECTIONS

State of Nevada

John W. Swathway
Candidate's Name(print) Office

State Board 1-B
District (if applicable)

698 TARN WAY RENO NV. 89503
Mailing address (include city and zip code)

Telephone Number

REPORT NUMBER 1 - DUE AUGUST 29, 2000

Report Period **Began:** December 17, 1994, for an office with a six year term
Report Period **Began:** December 21, 1996, for an office with a four year term
Report Period **Began:** December 19, 1998, for an office with a two year term

Report Period **Ends:** August 23, 2000

Cash on hand from previous campaign (should equal the balance shown on your last disposition of unspent contributions report), if any _____

CONTRIBUTIONS SUMMARY

1. Total Amount of contributions in excess of \$100	<u>1800</u>
2. Total amount of contributions of \$100 or less	<u>0</u>
Actual number of contributions of \$100 or less <u>0</u>	
3. Interest and income earned, if any	<u>0</u>
4. TOTAL AMOUNT OF ALL CONTRIBUTIONS (add lines 1 through 3)	<u>1800</u>

EXPENSES SUMMARY

5. Total amount of expenses in excess of \$100	<u>1620</u>
6. Total amount of expenses of \$100 or less	<u>0</u>
7. Expense for filing fee	<u>200</u>
8. TOTAL AMOUNT OF ALL EXPENSES (add lines 5 through 7)	<u>1820</u>

If no contributions or expenses are listed during this Report Period, only this page of the report needs to be filed with your filing officer.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on

Aug 30, 00
Date

John Swathway
Signature of Candidate

CAMPAIGN CONTRIBUTIONS

REPORT PERIOD Number 1

John W. Swathway State Board of Education 1-B
 Candidate's Name (print) Office District (if applicable)

Contributions in Excess of \$100 or, When Added Together Exceed of \$100

CONTRIBUTOR'S NAME AND ADDRESS	DATE(S) OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION(S)	CHECK <input checked="" type="checkbox"/> IF LOAN	CHECK <input checked="" type="checkbox"/> IF IN KIND
Gordon Kramer Silencio/Sal. by Direct 56, Canal, Island, Sp. No.	May 12, 00	500. 00		
NV. State Education Association 1890 Donald St. Reno NV	July 18, 00	500 00		
Mr. Ron Kump Kump Construction P.O. Box 2357 Reno NV. 89510	July 6, 00	250 00		
University of Phoenix 5370 Kirtlake Ln Reno NV.	June 14, 00	250 00		
Dr. Larry Champagne 2261 Pyramid Sp. No. 159431	June 3, 00	100 00		
Mr. Michael Dermody 1200 Financial Bldg P.O. Box 1098 Reno NV. 89500	June 28, 00	100 00		
Mr. Phil Rose 299 S. Arlington Ave Reno NV. 89500	July 29, 00	100		
	Total	1800		

This page may be copied or duplicated if additional space is needed.

PAGE 1 OF 1

John Swaffney State Board 1-B
Candidate's Name (print) Office District (if applicable)

Contributions of \$100 or Less

[illegible][illegible]

This page may be copied or duplicated if additional space is needed.

John Swathy *State Board of Ed* *1-B*
Candidate's Name (print) Office District (if applicable)

Expenses Categories

CATEGORIES	CODE	TOTALS
Office expenses <i>Parking</i>	A	<i>263</i>
Expenses related to volunteers	B	
Expenses related to travel	C	
Expenses related to advertising <i>Signs</i>	D	<i>1368⁰⁰</i>
Expenses related to paid staff	E	
Expenses related to consultants	F	
Expenses related to polling	G	
Expenses related to special events	H	
Goods and services provided in kind for which money would otherwise have been paid	I	
Other miscellaneous expenses	J	

John Gentry State Senator 1-B
Candidate's Name (print) Office District (if applicable)

Expenses in Excess of \$100

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY	DATE(S) OF EACH EXPENSE	AMOUNT(S) OF EACH EXPENSE
Instant sign center 470 Smithridge Dr		July 11, 00	1368.00
Mast R. Finkers 111 W. Plumb Lt		Aug 26, 00	263.00

This page may be copied or duplicated if additional space is needed.

CAMPAIGN EXPENSES

REPORT PERIOD Number 1

Candidate's Name (print)

Office

District (if applicable)

Expenses of \$100 or Less

[illegible][illegible]

This page may be copied or duplicated if additional space is needed.

SUMMARY OF CAMPAIGN CONTRIBUTIONS AND EXPENSES
2000 PRIMARY AND GENERAL ELECTIONS

State of Nevada

<i>Candidate's Name(print)</i>	<i>Office</i>	<i>District (if applicable)</i>
<i>Mailing Address (include city and zip code)</i>		<i>Telephone Number</i>

REPORT NUMBER 2 - DUE OCTOBER 31, 2000

Report Period **Begins:** August 24, 2000

Report Period **Ends:** October 25, 2000

CONTRIBUTIONS SUMMARY

1. From Report Number 1, total amount of contributions in excess of \$100	_____
2. From Report Number 1, total amount of contributions of \$100 or less	_____
3. Report Number 2, amount of contributions in excess of \$100	_____
4. Report Number 2, total amount of contributions of \$100 or less	_____
From Report Numbers 1 and 2, actual number of contributions of \$100 or less	N/A
5. Interest and income earned, if any, during this report period	_____
6. TOTAL AMOUNT OF ALL CONTRIBUTIONS (add lines 1 through 5)	0

EXPENSES SUMMARY

7. From Report Number 1, total amount of expenses in excess of \$100	_____
8. From Report Number 1, total amount of expenses of \$100 or less	_____
9. Report Number 2, total amount of expenses in excess of \$100	_____
10. Report Number 2, total amount of expenses of \$100 or less	_____
11. TOTAL AMOUNT OF ALL EXPENSES (add lines 7 through 10)	_____

If no contributions or expenses are listed during this Report Period, only this page of the report needs to be filed with your filing officer.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on Aug 30

Date

John Qualter
Signature of Candidate

*Candidate's Name (print)**Office**District (if applicable)***Contributions in Excess of \$100 or, When Added Together Exceed \$100**

CONTRIBUTOR'S NAME AND ADDRESS	DATE(S) OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION(S)	CHECK / IF LOAN	CHECK / IF IN KIND

This page may be copied or duplicated if additional space is needed.

PAGE ____ OF ____

Candidate's Name (print)

Office

District (if applicable)

Contributions of \$100 or Less

[illegible][illegible]

This page may be copied or duplicated if additional space is needed.

*Candidate's Name (print)**Office**District (if applicable)***Expenses Categories**

CATEGORIES	CODE	TOTALS
Office expenses	A	
Expenses related to volunteers	B	
Expenses related to travel	C	
Expenses related to advertising	D	
Expenses related to paid staff	E	
Expenses related to consultants	F	
Expenses related to polling	G	
Expenses related to special events	H	
Goods and services provided in kind for which money would otherwise have been paid	I	
Other miscellaneous expenses	J	

*Candidate's Name (print)**Office**District (if applicable)***Expenses in Excess of \$100**

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY	DATE(S) OF EACH EXPENSE	AMOUNT(S) OF EACH EXPENSE

This page may be copied or duplicated if additional space is needed.

CAMPAIGN EXPENSES

REPORT PERIOD Number 2

Candidate's Name (print)

Office

District (if applicable)

Expenses of \$100 or Less

[illegible][illegible]

This page may be copied or duplicated if additional space is needed.

SUMMARY OF CAMPAIGN CONTRIBUTIONS AND EXPENSES
2000 PRIMARY AND GENERAL ELECTIONS

State of Nevada

Candidate's Name(print)

Office

District (if applicable)

Mailing Address (include city and zip code)

Telephone Number

REPORT NUMBER 3 - DUE JANUARY 15, 2001

Report Period **Begins:** October 26, 2000

Report Period **Ends:** January 5, 2001

CONTRIBUTIONS SUMMARY

1. From Report Numbers 1 and 2, total amount of contributions in excess of \$100 _____
2. From Report Numbers 1 and 2, total amount of contributions of \$100 or less _____
3. Report Number 3, total amount of contributions in excess of \$100 _____
4. Report Number 3, total amount of contributions of \$100 or less _____
From Report Numbers 1, 2, and 3, actual number of
contributions of \$100 or less _____
6. Interest and income earned, if any, during this report period _____
7. **TOTAL AMOUNT OF ALL CONTRIBUTIONS** _____
(add lines 1 through 6)

EXPENSES SUMMARY

8. From Report Numbers 1 and 2, total amount of expenses in
excess of \$100 _____
9. From Report Numbers 1 and 2, total amount of expenses of \$100
or less _____
10. Report Number 3, total amount of expenses in excess of \$100 _____
11. Report Number 3, total amount of expenses of \$100 or less _____
12. **TOTAL AMOUNT OF ALL EXPENSES** _____
(add lines 7 through 11)

If no contributions or expenses are listed during this Report Period, only this page of the report needs to be filed with your filing officer.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on Dec 30, 00
Date

John D. Smith
Signature of Candidate

*Candidate's Name (print)**Office**District (if applicable)***Contributions in Excess of \$100 or, When Added Together Exceed \$100**

CONTRIBUTOR'S NAME AND ADDRESS	DATE(S) OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION(S)	CHECK ✓ IF LOAN	CHECK ✓ IF IN KIND

This page may be copied or duplicated if additional space is needed.

PAGE ____ OF ____

District (if applicable)

Contributions of \$100 or less

[illegible]

This page may be copied or duplicated if additional space is needed.

*Candidate's Name (print)**Office**District (if applicable)***Expenses Categories**

CATEGORIES	CODE	TOTALS
Office expenses	A	
Expenses related to volunteers	B	
Expenses related to travel	C	
Expenses related to advertising	D	
Expenses related to paid staff	E	
Expenses related to consultants	F	
Expenses related to polling	G	
Expenses related to special events	H	
Goods and services provided in kind for which money would otherwise have been paid	I	
Other miscellaneous expenses	J	

Candidate's Name (print)

Office

District (if applicable)

Expenses in Excess of \$100

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY	DATE(S) OF EACH EXPENSE	AMOUNT(S) OF EACH EXPENSE

This page may be copied or duplicated if additional space is needed.